

## MICRO-INSURANCE BRIEFS



### Cambodia: Cambodian Association for Assistance to Families & Widows (CAAFW) Community Health Insurance

#### Scheme Design

The Cambodian Association for Assistance to Families & Widows (CAAFW) has worked in the Bantea Meanchey Province of Cambodia since 1998 and its mission is to improve living conditions of the poor in the area by making technical and financial inputs available. They work in the field of improving agriculture practice and thus income generation, health care improvement targeting poor patients and raising awareness on education.

In 2000 they began a Health Equity Fund (HEF) for poor patients at Thmar Pouk and Mongkol Borei Public Hospitals, which supported complete or partial payment towards admission, user fee, ambulance, supplementary food and other basic material needed during hospitalisation for the very poor.

In April 2003, CAAFW piloted a Community Based Health Insurance (CBHI) in Thmar Pouk rural operational health district (OD) in Banteay Meanchey province. The OD covers two administrative districts, Thmar Pouk and Svay Chek, with approximately 110,000 inhabitants. There are 10 functional health centres providing first line health services and one 50-bed referral hospital providing secondary hospital care without surgery. Complicated cases, mainly surgeries are referred to provincial hospital of Mongkol Borei about 50 kilometres away. CAAFW is also exploring possible future linkage of the CBHI with the Health Equity Fund that they have been running along side this.

Since January 2009, CAAFW has been expanding CBHI to another province: Otdar Meanchey province. In June 2009, this CBHI had reached 15,400 covered persons, which represents 13 % coverage.

#### Eligibility Conditions

Mainly population living in the catchment area of Thmar Pouk OD.

#### Exclusions

No exclusion but coverage is limited to what the health centres and referral centres can offer.

#### Plan Benefits

Insured families using their health insurance card

#### General Overview

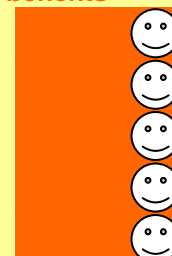
Starting date:	2003
Ownership profile:	NGO
Target group:	Poor families
Outreach:	Bantea Meanchey Province, Cambodia
Intervention area:	Rural
Risks covered:	Health/ funeral exps
Premium Insured/Y:	US\$ 2
Co-contribution:	US\$ 1 (CAAFW + donors)
Total premium:	US\$ 3
No of insured:	38,818

#### Operational Mechanisms

Type of scheme:	In house
Insurance company:	NA
Insurance plan year:	January - December
Insured unit:	Family
Type of enrolment:	Voluntary
One-time enrolm.fee:	Annual
Premium payment:	6 monthly instalment
Easy payment mech:	None
Waiting period:	None
Indirect subsidy:	No

#### Scope of Health benefits

Tertiary health care:
Hospitalization:
Deliveries:
Access to medicines:
Primary health care:



#### Level of Health benefits

Hospitalization:	No limits, though restricted to health centre/ provincial hospitals facilities
Medicines:	
Primary Health care:	

#### Service Delivery

Prior H. check-up:	No
Tie-ups with HP:	Yes, Public HP
Type of agreement:	Service provider partnership agreement
No of Assoc. HP:	PHC – 10; SH – 1; TH - 1
Access to HC serv:	Free Access with referral
Co-payment:	No
HC service payment:	Cash base
TPA intervention:	No

can make 100% free use of the services of their Health Center as well as the Referral hospital (Thmar Pouk) and provincial hospital (Mongkol Borei). Apart from this, it also covers the 2 – way cost of transport by ambulance (or alternative emergency transport) to the Referral or Provincial Hospital. Additional benefits include \$ 12 per case for funeral expenses and transportation cost of death from hospital back home, in case patient die.

## Premium

The total premium is Cambodian Riels KHR 11754 (US\$ 3) per person per year, of which KHR 7836 (US\$ 2) is paid by the members and the remaining KHR 3918 (US\$1) is contributed by CAAFW with the help of donors. The maximum premium per family per year goes to KHR 47016 (US\$ 12). The premium is paid in two 6-monthly instalments.

## Insurance Plan Key Features

- It partners with Public health care facilities for health care delivery, through a case-based payment mechanism with a clearly defined referral system and reimbursement.
- Village Health Volunteers network of CAAFW act as promoters of the scheme

## Main Achievements

- By July 2009, the scheme has reached coverage of 38,818 insured individuals (8,341 Households).
- A coverage rate of 31 % of target population
- A steady membership with a low drop out rate of 13%
- Increased and improved access to health care amongst insured members. Between January – June 2009
  - ✚ 50,946 visits were made to the HC;
  - ✚ 890 cases referred to Thmar Pouk Hospital and
  - ✚ 157 cases referred to Mongkol Borei provincial hospital

## Remaining Challenges

- Negotiations with health providers and community marketing or promotion of the scheme are the key activities in the implementation and success. A CBHI Steering Committee (CBHI-Sc) been established and conducted every quarterly meeting to follow-up on quality of care, complaints and management issues.
- High coverage in the short time period and low operational cost. (CAAFW is promoted through the concept of social marketing by CAAFW staff who themselves are from the community.)
- Management of risks pooling is important.

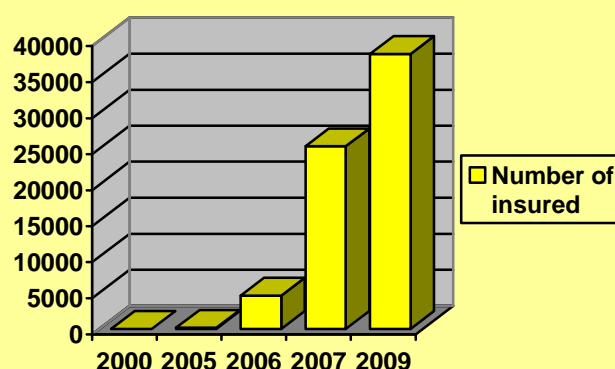
Addit. financial ben.:

Transportation cost

Addit. non-fin. ben.:

Funeral expense

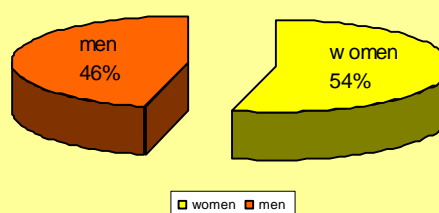
## Activity Indicators



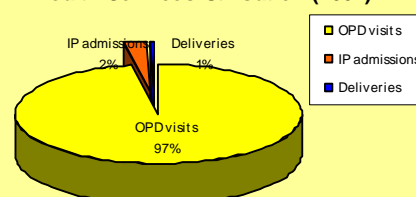
2003 : Pilot Phase

2004 : Review and preparation Phase

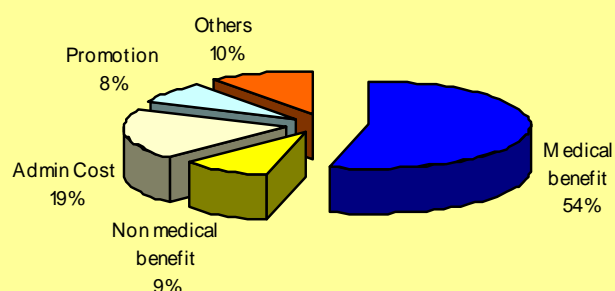
## Women's participation



## Health Services Utilisation (2007)



## Breakdown of expenditure (2007)



### Development Plans

- CAAFW plans to extend the coverage within the targeted Thmar Pouk OD to 50,000 by 2010
- Also looking at possibility of expanding similar model to other ODs (Operational Health Districts).
- Coverage to extend to chronic diseases as well which will be start in September 2009.
- Mobilise and connect with Government resources such as subsidy for the poorest has now been approved and will be start process in August 2009 and full subsidy will be implemented in Jan 2010.

